

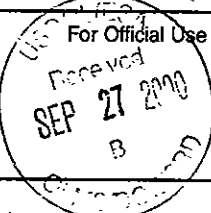
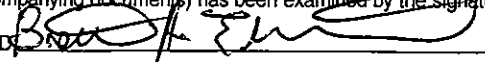
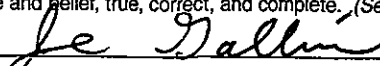
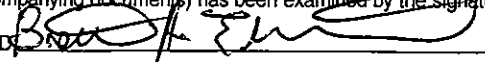
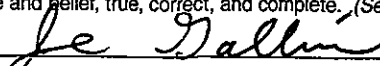
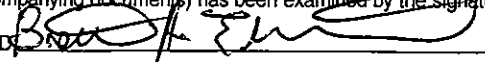
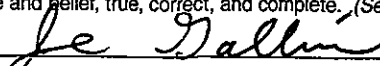
# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<b>For Official Use Only</b> 		<b>1. FILE NUMBER</b> 003-461		<b>2. PERIOD COVERED</b> MO DAY YEAR From 07 01 1999 Through 06 30 2000		<b>3. (a) AMENDED</b> — If this is an amended report correcting a previously filed report, check here:  <b>(b) TERMINAL</b> — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:  <b>(c) SUBSIDIARY</b> — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:									
<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.				<b>8. MAILING ADDRESS (Type or print in capital letters.)</b> First Name JOSEPH Last Name GALLINO P.O. Box • Building and Room Number (if any) PO BOX 863 Number and Street  City IRON MOUNTAIN State MI ZIP Code + 4 49801-0863											
				<b>4. AFFILIATION OR ORGANIZATION NAME</b> LABORERS AFL-CIO <b>5. DESIGNATION (Local, Lodge, etc.)</b> LOCAL <b>6. DESIGNATION NUMBER</b> 1329 <b>7. UNIT NAME (if any)</b>  <b>9. Are your organization's records kept at its mailing address?</b> (If "No," provide address in Item 75.) Yes No <input checked="" type="checkbox"/>											
<b>75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)</b> Item Number Pg 1(9) RECORDS ARE KEPT AT THE UNION HALL LOCATED AT 1800 N. STEPHENSON, IRON MOUNTAIN, MI. Pg 2(Q22) THE INTERNATIONAL IS FILING CONSTITUTIONAL CHANGES ON OUR BEHALF Pg 2(Q23) A CHEVROLET PICK-UP TRUCK SERVES AS SECURITY FOR AN INSTALLMENT CONTRACT ENTERED INTO WITH GMAC FINANCIAL SERVICES															
<p>Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)</p> <table><tr><td colspan="2"><b>76. SIGNED:</b>  9 / 15 / 00 (906) 774-6070 Date Telephone Number</td><td colspan="2"><b>PRESIDENT</b> (If other title, see instructions.)</td><td colspan="2"><b>77. SIGNED:</b>  9 / 15 / 00 (906) 774-6070 Date Telephone Number</td><td colspan="2"><b>TREASURER</b> (If other title, see instructions.)</td></tr></table>								<b>76. SIGNED:</b>  9 / 15 / 00 (906) 774-6070 Date Telephone Number		<b>PRESIDENT</b> (If other title, see instructions.)		<b>77. SIGNED:</b>  9 / 15 / 00 (906) 774-6070 Date Telephone Number		<b>TREASURER</b> (If other title, see instructions.)	
<b>76. SIGNED:</b>  9 / 15 / 00 (906) 774-6070 Date Telephone Number		<b>PRESIDENT</b> (If other title, see instructions.)		<b>77. SIGNED:</b>  9 / 15 / 00 (906) 774-6070 Date Telephone Number		<b>TREASURER</b> (If other title, see instructions.)									

## During the Reporting Period Did Your Organization:

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 617

19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2002

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 100,000

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>19</u> per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>335</u>
(c) Transfer Fees	\$ <u>19</u>
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☒ No ☐  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☒ ☐

24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 003-461

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
			Item	
ASSETS	25. Cash.....		135,174	137,351
	26. Accounts Receivable.....		2,026	4,536
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities .....		0	108,559
	29. Investments .....	2	338,528	261,236
	30. Fixed Assets .....	5	201,972	222,020
	31. Other Assets .....	3	0	0
	32. TOTAL ASSETS .....		677,700	733,702
LIABILITIES	33. Accounts Payable.....		5,909	7,968
	34. Loans Payable.....	8	0	28,672
	35. Mortgages Payable .....		0	0.0
	36. Other Liabilities .....	4	7,340	4,315
	37. TOTAL LIABILITIES .....		13,249	40,955
	38. NET ASSETS (Item 32 less Item 37) .....		664,451	692,747

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 003-461

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....		406730	56. To Officers .....	9	104511
40. Per Capita Tax .....		0	57. To Employees .....	10	33548
41. Fees .....		25959	58. Per Capita Tax .....		81226
42. Fines .....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments .....		1020	60. Office & Administrative Expense ....	13	24044
44. Work Permits .....		0	61. Educational & Publicity Expense ...		0
45. Sale of Supplies .....		0	62. Professional Fees .....		6014
46. Interest .....		21172	63. Benefits .....	11	52939
47. Dividends .....		0	64. Contributions, Gifts & Grants .....	12	7099
48. Rents .....		0	65. Supplies for Resale .....		0
49. Sale of Investments & Fixed Assets .....	6	332500	66. Direct Taxes .....		24650
50. Loans Obtained .....	8	0	67. Withholding Taxes .....		29036
51. Repayments of Loans Made .....	1	0	68. Purchase of Investments & Fixed Assets .....	7	379941
52. On Behalf of Affiliates for Transmittal to Them .....		0	69. Loans Made .....	1	0
53. From Members for Disbursement on Their Behalf .....		0	70. Repayment of Loans Obtained .....	8	1623
54. Other Receipts .....	14	2400	71. To Affiliates of Funds Collected on Their Behalf .....		0
			72. On Behalf of Individual Members ...		0
			73. Other Disbursements .....	15	42973
55. TOTAL RECEIPTS .....		789781	74. TOTAL DISBURSEMENTS .....		787604

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 003-461

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <div style="display: inline-block; width: 15%; text-align: center;">             ↑ Item 27 Column (A)           </div> <div style="display: inline-block; width: 15%; text-align: center;">             ↑ Item 69           </div> <div style="display: inline-block; width: 15%; text-align: center;">             ↑ Item 51           </div> <div style="display: inline-block; width: 15%; text-align: center;">             ↑ Item 75 with Explanation           </div> <div style="display: inline-block; width: 15%; text-align: center;">             ↑ Item 27 Column (B)           </div>					

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	263,389
2. Total Book Value	261,236
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) FEDERATED ULTRASHORT BONDED	197,970
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	261,236
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 003-461

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. ACCRUED & WITHHELD PAYROLL TAXES	339
2. ACCRUED FRINGE BENEFIT / PENSION	3976
3. TO Mich LABORERS FRINGE BENEFIT	
4. FUND / LIUNA PENSION FUND	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4315
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: **003-461**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): <i>1800 N. STEPHENSON AVE. IRON MOUNTAIN, MICH</i>	<i>39929</i>		<i>39929</i>	<i>45,000</i>
2. Totals from additional pages (if any)				
3. Buildings (give location): <i>1800 N. STEPHENSON AVE IRON MOUNTAIN, MICH.</i>	<i>235634</i>	<i>123527</i>	<i>112,107</i>	<i>225,000</i>
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	<i>78446</i>	<i>23,175</i>	<i>55271</i>	<i>55000</i>
6. Office Furniture and Equipment	<i>70,520</i>	<i>56,879</i>	<i>13,641</i>	<i>15,000</i>
7. Other Fixed Assets	<i>15654</i>	<i>14582</i>	<i>1,072</i>	<i>10,000</i>
8. Totals of Lines 1 through 7	<i>440,183</i>	<i>218,163</i>	<i>222,020</i>	<i>350,000</i>
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. <i>1991 FORD P.U. TRUCK</i>	<i>11130</i>	<i>1817</i>	<i>5500</i>	<i>5500</i>
2. <i>1995 FORD INTREPID (DAMAGED IN ACCIDENT)</i>	<i>28,028</i>	<i>16112</i>	<i>2000</i>	<i>2000</i>
3. <i>25000 FED HOME LOAN BANK BOND</i>	<i>25,000</i>	<i>25,000</i>	<i>25,000</i>	<i>25,000</i>
4. <i>300,000 SEARS ROEBUCK COMM'L PAPER</i>	<i>289,200</i>	<i>289,200</i>	<i>300,000</i>	<i>300,000</i>
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	<i>353358</i>	<i>332129</i>	<i>332,500</i>	<i>332500</i>
7. Less Reinvestments				<i>0</i>
8. Net Sales				<i>332,500</i>
Enter the Total from Line 8 in ..... Item 49				

# **SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: 003-461

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. CELL PHONES	684	684	684
2. SOFTWARE-MEMBERSHIP ACCOUNTING	6063	6063	6063
3. AUTO	23540	23,540	23,540
4. PICK UP TRUCK - FINANCED W/ GMAC (SEE BELOW)	30,295	30,295	0
5. Totals from additional pages (if any)	349654	349654	349654
6. Totals of Lines 1 through 5	410236	410,236	379,941
			7. Less Reinvestments
			8. Net Purchases 379941
Enter the Total from Line 8 in ..... Item 68			

# **SCHEDULE 8 — LOANS PAYABLE**

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. GMAC FINANCING SERVICE	0	0	1623	0	28672
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	1623	0	28672
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <span>↑ Item 34 Column (C)</span> <span>↑ Item 50</span> <span>↑ Item 70</span> <span>↑ with Explanation</span> <span>↑ Item 34 Column (D)</span> </div>					

# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 003-461

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: ALESSANDRINI First Name: GENE Title: BUSINESS MGR Status: C		67858				67858
2. Last Name: GALLINO First Name: JOE Title: SEC-TREASURER Status: C		60273				60273
3. Last Name: WOLLUM First Name: RICHARD Title: ACTING SGT AT ARM Status: C		350				350
4. Last Name: WAHOVIK First Name: JOHN Title: ACTING SGT AT ARM Status: C		100				100
5. Last Name: SCHWARTZ First Name: ANDREW Title: EXEC BOARD MEMB Status: N		360				360
6. Last Name: MATTSON First Name: JOHN Title: EXEC BOARD MEMB Status: N		440				440
7. Last Name: LEACH First Name: LARRY Title: VICE PRESIDENT Status: C		443				443
8. Totals from additional pages (if any)		1705				1705
9. Totals of Lines 1 through 8		131529				131,529
				10. Less Deductions 27018		
Enter the Total from Line 11 in ..... Item 56 →				11. Net Disbursements 104511		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 003-461

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>1. MARTIN</div> <div>First Name</div> <div>ANNA</div> <div>Position</div> <div>ACCOUNTANT-SECTY</div> <div>Name of Affiliated Organization</div> </div>	33351				33351
<div> <div>Last Name</div> <div>2.</div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>3.</div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>4.</div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>5.</div> <div>First Name</div> <div></div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	9724				9724
8. Totals of Lines 1 through 7	43075				43075
9. Less Deductions			9527		
Enter the Total from Line 10 in..... Item 57 ➡			10. Net Disbursements 33548		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: **003-461**

Description (A)	To Whom Paid (B)	Amount (C)
1. WORKERS COMP INS.	ACCIDENT FUND CO.	730
2. PENSION	LIUNA	20555
3. FRINGE BENEFITS	MI LAB. FRINGE BFT. FUND	31,654
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		52939
Enter the Total from Line 6		↑ Item 63

# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. DOOR PRIZES & GIFTS	4962
2. FLOWERS - SYMPATHY	527
3. IN LIEU OF FLOWERS	1,250
4. DONATIONS	360
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	7099
Enter the Total from Line 8 in	
↑ Item 64	

# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. REFUND OF DUES & FEES	224
2. OFFICE SUPPLIES & POSTAGE	8119
3. SUBSCRIPTIONS	242
4. INVESTMENT FEES	1967
5. GENERAL INSURANCE	6158
6. MEETINGS & SEMINARS	7334
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	24044
Enter the Total from Line 8 in	
↑ Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. DONATIONS	2400
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2400
Enter the Total from Line 17 in ..... Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. TELEPHONE	9,074
2. UTILITIES	4,911
3. TOWEL & RUG SERVICE	638
4. ADVERTISING	286
5. REPAIRS AND MAINTENANCE	4106
6. VEHICLE EXPENSE	8773
7. MILEAGE REIMBURSE.	2193
8. HOLIDAY ENTERTAINMENT	2313
9. REFRESHMENTS - MEETINGS	1969
10. TRAVEL - HOTELS, AIRFARE	8547
11. INTEREST EXPENSE	163
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	42973
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME:  
**LABORERS AFL-CIO LOCAL 1329**

ENDING DATE OF PERIOD COVERED:  
**6-30-00**

FILE NUMBER: **003-461**

PAGE **1** OF **1** ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <b>KENT</b> First Name <b>STEVE</b> Title <b>RECORDING SEC</b> Status <b>C</b>		<b>935</b>				<b>935</b>
Last Name <b>DOLLAR</b> First Name <b>TREVOR</b> Title <b>SGT AT ARMS</b> Status <b>P</b>		<b>50</b>				<b>50</b>
Last Name <b>EBERTSCH</b> First Name <b>BRETT</b> Title <b>PRESIDENT</b> Status <b>C</b>		<b>720</b>				<b>720</b>
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals		<b>1705</b>				<b>1705</b>

ORGANIZATION NAME:

FILE NUMBER: 003-461

ENDING DATE OF PERIOD COVERED:

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____  Title _____ Status _____						
Last Name _____ First Name _____  Title _____ Status _____						
Last Name _____ First Name _____  Title _____ Status _____						
Last Name _____ First Name _____  Title _____ Status _____						
Last Name _____ First Name _____  Title _____ Status _____						
Last Name _____ First Name _____  Title _____ Status _____						
Last Name _____ First Name _____  Title _____ Status _____						
Totals						

# SCHEDULE OF FORM LM-2

CRICKET TF 2202

Name LABORERS AFL-CIO LOCAL 1329  
Address PO BOX 863  
IRON MOUNTAIN, MICHIGAN 49801

Social Security or  
Identification No. 003-461  
Form ENDED Schedule  
Year 6/30/2000 Line

## SCHEDULE 7 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

DESCRIPTION	COST	BOOK VALUE	CASH PAID
TRANSMISSION REBUILD	2126	2126	2126
FEDERATED ULTRASHORT BOND FUND	200,000	200,000	200,000
FED HOME LOAN BANK BOND	14,244	14,244	14,244
FED HOME LOAN BANK BOND	24,725	24,725	24,725
US TREASURY NOTE 7.50% 5/15/02	20,250	20,250	20,250
US TREASURY NOTE 6.25% 2/15/03	4,913	4,913	4,913
US TREASURY NOTE 5.25% 1/31/01	44,500	44,500	44,500
US TREASURY NOTE 5.75% 10/31/02	38,896	38,896	38,896
TOTALS TO PG 2-8, Sch 7, LNS	349,654	349,654	349,654

